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**CENTRAL FAX CENTER****JAN 25 2006****January 25, 2006**

<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: Dana D. Greene Art Unit: 3762</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Filing of</b>  <b>Amendment and Request for Reconsideration</b>  <b>App. No.: 10/735,944</b> <b>Filed: 12/12/2003</b> <b>Docket No.: A03P1079US02</b>  <b>Confirmation No.: 3701</b>	<b>Number of pages being sent:</b> <u>10</u> (including cover page)

**PLEASE DELIVER TO EXAMINER DANA GREENE, Art Unit 3762.**  
**Thank you.**

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CENTRAL FAX CENTER

**PATENT**

IAN 25 2006  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	Jong Kil et al.	<b>Confirmation No.:</b>	3701
<b>Serial No.:</b>	10/735,944	<b>Examiner:</b>	D. Greene
<b>Filed:</b>	12/12/2003	<b>Art Unit:</b>	3762
<b>Docket No.:</b>	A03P1079US02		
<b>For:</b>	SYSTEM AND METHOD FOR EMULATING A SURFACE EKG USING INTERNAL CARDIAC SIGNALS SENSED BY AN IMPLANTABLE MEDICAL DEVICE		

**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

☒ Amendment and Request for Reconsideration  
☒ Power of Attorney by Assignee...  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	12	12	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (I.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**

<input checked="" type="checkbox"/>	Charge Deposit Account No. 16-0068 the amount of	<b>\$0**</b>	A copy of this letter is enclosed.
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X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068


X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date

1-25-06

  
Peter A. Nichols, Reg. No. 47,822  
Patent Attorney for Applicants

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 25, 2006

  
Estella Pineiro

1/25/06  
Date

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CENTRAL FAX CENTERPATENT

JAN 25 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AMENDMENT AND REQUEST FOR RECONSIDERATION

MAIL STOP AMENDMENTS  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22213-1450

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office on

January 25, 2006

  
Estella Pineiro Date 1/25/06

Dear Sir:

Please consider the following remarks in response to the Office Action dated November 1, 2005. Applicants include herewith a complete listing of the claims without amendment for the Examiner's convenience.